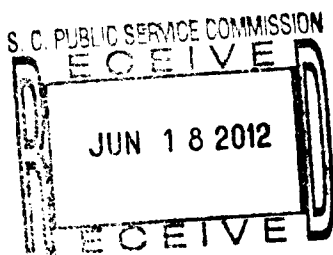


237270

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo



BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2012 - 251 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Albert WellsTelephone: 843-270-5160Address: 3252 Estate Road

Fax: \_\_\_\_\_

Moncks Corner SC 9461

Other: \_\_\_\_\_

Email: wellsa53@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☒ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☐ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other: \_\_\_\_\_

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

Date: June 01, 2012

**CLASS C - CHARTER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Top Service Limo LLC(Limited liability company) Owner Albert Wells *AW*

3252 Estate Road Moncks Corner SC 29461

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-270-5160

Phone

Fax

wellsa53@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month June Year 2012

### Assets:

Cash	<b>\$1,275.00</b>
Receivables	<b>0</b>
Real Estate	<b>0</b>
Buildings and Equipment (Net)	<b>\$1,000.00</b>
Motor Vehicles (Net)	<b>\$9,000.00</b>
Garage Equipment (Net)	<b>\$200.00</b>
Machinery and Tools (Net)	<b>\$675.00</b>
Supplies on Hand	<b>\$175.00</b>
Prepays and Other Assets	<b>0</b>
<b>Total Assets*</b>	<b>\$12,375.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	<b>0</b>
Notes Payable	<b>0</b>
Mortgages Payable	<b>0</b>
Equipment Obligations	<b>0</b>
Accrued Salaries and Wages	<b>0</b>
Other Accrued Obligations	<b>0</b>
Other Liabilities	<b>0</b>
<b>Total Liabilities</b>	<b>0</b>
Capital Stock	<b>0</b>
Retained Earnings	<b>0</b>
<b>Total Equity</b>	<b>0</b>
<b>Total Liabilities and Equity*</b>	<b>0</b>

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

**\$65.00 per hour**

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

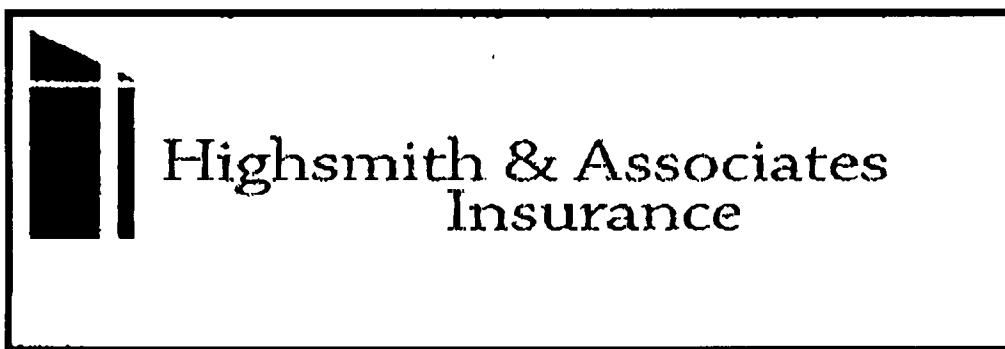
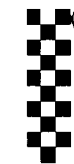
You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
LINC	2000 Townc	1LNHM81W6YY875892	4047



One Cool Blow Street, Suite 204

Charleston, SC 29403

Phone: 843.725.1930 / Fax: 843.577.2800

**Fax Cover Sheet**

Date: June 19, 2012

To: PSC C/O Janice (803-896-5199)

RE : Top Service Limo, LLC Application, Insurance Details

From: Lee Camden, Agent

Number of Pages (Including Cover Sheet): 3

RECEIVED  
JUN 19 2012  
CLEPSC OFFICE

Notes:

Janice,,

Here are the insurance documents for Top Service Limo. I understand he has an application in with you all at PSC. Please review them and let me know if you need anything else. Thank you so much for your help.

Lee Camden

Direct: 843-958-8893 or [lee@highsmithinsurance.com](mailto:lee@highsmithinsurance.com)

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Top Service Limo, LLC → Albert Wells, III  
 Name of Applicant  
3252 Estate Rd., Marks Corner, SC 29461  
 Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 5395.00 Limits \$500,000 CSL

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000  
 8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle,  
 including the driver's seatbelt

Highsmith Insurance  
 Name of Insurance Company  
1 Cool Blaw St. Charleston, SC 29403  
 Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

6-18-12 [Signature]  
 Date Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

NICO-Rate for South Carolina

Columbia Insurance Company

## Account Summary For Top Service Limo, LLC



Quote #: 1325153

Status: Pending

Originally Quoted: 6/08/2012 4:03 PM EDT  
 Quote Printed: 6/11/2012 10:53 AM EDT  
 Proposed Effective: 6/08/2012 12:00 AM EDT  
 Proposed Expiration: 6/08/2013 12:00 AM EDT

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	500,000 CSL	4,325
7	UM - BIPD	75,000 CSL	536
7	UIM - BIPD	75,000 CSL	532
	Medical Payments	N/A	N/A
	Physical Damage	See Specific Unit	N/A
	Total Ins Value		
Total			\$5,393.00

Quoted By: Leigh Barrow

200 Wingo Way, Ste 200  
 Mt. Pleasant, SC 29464

lab@ijins.com

Producer:

Revision: 71SC2011R03

## Vehicle Information

NICO-Rate Version: 8.3.19.8

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	All/Lessor	Unit Sub Total
1 2001 LINCOLN TOWN CAR Radius: Up to 100 Miles	4,325	536	532	N/A	N/A	N/A	N/A	5,393

**NI** National  
 Indemnity  
 Company  
 — Since 1940 —



SC LICENSE NO. 111702  
MT. PLEASANT, SC 29464  
200 WINGO WAY, STE. 200  
(843) 724-7076 (800) 868-5573

\*NOTE: PAST DUE INSTALLMENT PAYMENTS MUST ACCOMPANY THIS AGREEMENT, NON-PAYMENT RESULTS IN A CANCELLATION OF ABOVE POLICIES.

**NOTICE TO INSURED:** Do not sign this agreement before you read it. Under the law, you have the right to pay off in advance the full amount due and to obtain a refund of the service charge. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. **YOU MUST GET A COPY OF THIS AGREEMENT.** In consideration of the payment for the account of the undersigned insured by J&J Preferred Financing, Inc. (hereinafter referred to as JJPFF) of the amount financed on insurance premiums shown above, the undersigned promise to pay to the order of JJPFF at the address shown above, the total of payments shown on line "e", in the number of installments indicated on each installment to be in the amount shown on line "f", the first installment to become due and payable on the date shown with the remaining installments becoming due and payable on the same day of each succeeding month thereafter, subject to the following provisions.

JJPF as security for the total amount payable hereunder any and all unearned premiums, returns, which may become payable under the insurance policy(ies) the premiums for which are financed hereunder. Agrees not to assign any of the policy(ies) covered hereby except for the interest of mortgagee and loss payees, without the written consent of JJPF and that all rights conferred upon JJPF shall insure to JJPF's successors and assigns. Agrees in the event of default in payment of any installment due hereunder, and after a ten day notice is mailed to the insured, the unpaid balance hereunder shall be immediately due and payable and JJPF may request cancellation of all of the policy(ies) covered hereby, it is further agreed that in the event the total premium(s) is greater than that shown on line A above, the undersign will either pay the difference in premium due or pay any required additional down payment and any additional finance charge permitted by law. In such event JJPF will forward the undersigned a revision notice showing all information required by law. Agrees that JJPF is authorized to correct or remedy any error in the completion of this agreement, including the correction of the name of any insurance company(ies) or policy number(s) and that the insured will be notified at the address shown on this agreement of any such changes in the agreement within 10 days of date of such changes. Agrees payment must be received in JJPF's offices prior to effective cancellation date to avoid cancellation, and if received after cancellation date payment will only be accepted for credit to the insured's account and without obligation to have any cancellation request withheld or rescinded. Insured may be subject to a \$10.00 cancellation fee (SC only), a Personal Lines cancellation fee of \$5.00 (GA only) or a Commercial Lines cancellation fee of \$15.00 (GA only). Agrees that all unearned or return premiums disbursed by an insurance company (or guarantee fund in the event of company insolvency) with respect to the policy(ies) covered hereby shall be payable to JJPF and credited to the balance due hereunder and if there is any excess of \$1.00 (NC only) or \$5.00 (SC or GA) more over the balance due it shall be paid to the insured. Agrees to remain liable for any unpaid or deficiency balance due hereunder. Agrees that the finance charge shown on line "d" will begin to accrue on the effective date of the policy(ies) shown. Agrees that the insurance agent or agency (including agent or agency employees or associates, etc. named above, is not the agent of JJPF and has no authority to bind JJPF by representation or otherwise without JJPF's written agreement. Agrees that JJPF shall not be or become liable for any loss or damage to the insured(s) by reason of the failure of any insurer to issue or maintain in force any of said policy(ies) or by reason of the proper exercise by JJPF of rights herein conferred. Does hereby empower JJPF to sign my(our) name to any forms required to obtain refunds and/or any refund checks or drafts payable to me by reason of cancellation of policy(ies) described above for any reason, including, but not limited to, non-payment or company insolvency. Agrees, in addition to the amount shown in "e" above, to pay JJPF a delinquency and collection charge with each installment payment, which is in default for a period of five (5) days or more. This charge is to be 5 percent of the installment with a minimum amount of \$1.00 (SC or NC) or \$1.50 (GA only), however, if the loan is primarily for personal family and household purposes the maximum delinquency charge may not exceed \$5.00 (SC only). Agrees to pay an attorney's fee not to exceed 20 percent of the amount due if this agreement is referred for collection to any attorney who is not a salaried employee of JJPF. A \$30.00 service charge will be added to all returned checks.

For value received, I, the undersigned insured, hereby sell, assign, and transfer unto J&J Preferred Financing, Inc. (JJPF) all of my right, title, and interest in and to any unearned premium on insurance policy(ies) shown above, and I do hereby irrevocably constitute and appoint JJPF as my attorney in fact, in the event of default, to authorize and give notice of the cancellation of said insurance policy(ies) and to receive on behalf of JJPF any unearned premium financed by this agreement.

**PRODUCERS CERTIFICATION**

The undersigned unconditionally represents that the insurance policy(ies) listed upon this agreement are in force, that the premiums therefore are correct, that the down payment shown above has been collected, and that the insured has received a copy of this agreement, and that no audit or reporting form policy(ies), subject to retrospective rating or to minimum earned premiums are included in this agreement except as indicated and that the deposit or provisional premiums for the indicated policy(ies) are not less than the anticipated premiums to be earned for the full term of the policy(ies); and that none of the policy(ies) contain provisions which prohibit cancellation by the insured or the company within 10 days except as indicated, nor except as indicated is the unearned premium on the scheduled policy(ies) to be computed by other than the standard short rate or pro rata table. Upon cancellation of the policy(ies) financed, the undersigned will remit to J&J PREFERRED FINANCING, INC. the full amount of unearned premium, including unearned commission, applicable to such cancelled policy(ies) upon receipt from the carrier. The undersigned certifies that to the best of his knowledge and belief the insured's signature(s) hereon are genuine, and that all of the policy(ies) listed hereon have been issued or signed by the undersigned, except as indicated. (List General Agency(ies), if any). We are the authorized policy(ies) issuing agent of the insurance companies or the broker placing the coverage directly with the insurance company on all policy(ies) listed above.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.



Johnson & Johnson  
Preferred Financing

Name \_\_\_\_\_

JJPF Acct # or Contract ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_

### Electronic Down Payment

By filling out this section and returning it with your signed finance agreement to JJPF, you authorize Johnson and Johnson Preferred Financing to process your down payment from the checking account information listed below.

Routing Number \_\_\_\_\_

Checking Number \_\_\_\_\_

Amount of Down Payment \_\_\_\_\_

---

### YES! Sign me up for free Automatic Bill Payment

*I authorize JJPF to initiate monthly deductions (withdrawals) from my checking account as payments on my account balance become due. I authorize the financial institution on which my enclosed check is drawn to accept the deductions initiated by JJPF. I make this authorization subject to these conditions. I have the right to recover the amount of any erroneous deduction by JJPF, either through credit to my account or by direct reimbursement. I have the right to terminate this authorization at any time by notifying JJPF in writing.*

Routing Number \_\_\_\_\_

Checking Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**IMPORTANT: ATTACH A VOID CHECK** to ensure accurate account information!

Should you have a question, a representative of JJPF is ready to assist you! Phone: 800-868-5573

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

☐ Yes ☐ No Will premium be financed? If yes, with whom \_\_\_\_\_

**THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Insured Contact Information**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

☐ Yes ☐ No Is this direct business to your office? If not, explain \_\_\_\_\_

☐ Yes ☐ No Is this new business to your office? If not, how long have you had the account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

☐ Please quote ☐ Please bind at earliest possible date and issue policy

☐ Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_

(Time and Date Bound by General Agent)

(Name of Person in Company General Agency's  
Office Binding Coverage)

\_\_\_\_\_  
Applicant's Representative's Name and Address

\_\_\_\_\_  
Phone No

**II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE**

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$423
<u>\$30,000/ \$60,000/ \$25,000</u>	<u>\$449</u>
<u>\$50,000/ \$100,000/ \$25,000</u>	<u>\$533</u>
<u>\$50,000/ \$100,000/ \$50,000</u>	<u>\$542</u>

Your Policy's Liability Coverage Limits:

<u>\$500,000 CSL</u>	<u>\$1,082</u>
----------------------	----------------

☐ I reject additional Uninsured Motorist Coverage☒ I select additional Uninsured Motorist Coverage at the following limits: \$75,000 CSL**III. OFFER OF UNDERINSURED MOTORIST COVERAGE**

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$419
<u>\$30,000/ \$60,000/ \$25,000</u>	<u>\$445</u>
<u>\$50,000/ \$100,000/ \$25,000</u>	<u>\$529</u>
<u>\$50,000/ \$100,000/ \$50,000</u>	<u>\$538</u>

Your Policy's Liability Coverage Limits:

<u>\$500,000 CSL</u>	<u>\$1,074</u>
----------------------	----------------

☐ I reject additional Underinsured Motorist Coverage☒ I select additional Underinsured Motorist Coverage at the following limits: \$75,000 CSL**IV. APPLICANT'S ACKNOWLEDGEMENT**

By my signature, I acknowledge that I have read – or I have had read to me – the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Your Address: \_\_\_\_\_

Quote #: 1325153

**Underinsured motorist coverage** compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, *if you reject* either one of these coverages upon this form and if you are involved in an automobile accident, then this form may be used by your insurance company *asevidence against you* if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, you must then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company *must* answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

Office of Consumer Services  
State of South Carolina Department of Insurance  
Capitol Center  
1201 Main Street, Suite 1000  
Post Office Box 100105  
Columbia, South Carolina 29202-3105  
(803) 737-6180  
(800) 768-3467  
E-mail Address: consumers@doi.sc.gov

**OFFER OF OPTIONAL ADDITIONAL UNINSURED  
MOTORIST COVERAGE AND OPTIONAL  
UNDERINSURED MOTORIST COVERAGE**

**I. EXPLANATION OF COVERAGES**

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. **Automobile liability insurance coverage** pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. **Bodily injury coverage** is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. **Property damage coverage** is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000.00 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000.00 in property damage coverage for each accident which you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25/50/25. These limits are commonly known as **minimum limits**. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect you in the event you are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

**Uninsured motorist coverage** compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for uninsured property damage claims.

You also have the right to buy **additional** uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

**Filings (complete if filings are being requested)**

36. ☐ Yes ☐ No Is an FHWA filing required? If yes, MC number \_\_\_\_\_  
What authority do you have? ☐ Broker ☐ Common ☐ Contract
37. If you hold a broker's license, identify name filed with FHWA, FHWA docket number, and receipts from  
brokerage operations \_\_\_\_\_
38. If you are an interstate regulated carrier, identify your registration or base state \_\_\_\_\_
39. ☐ Yes ☐ No Is an intrastate filing needed? If yes, show state and permit number \_\_\_\_\_
40. ☐ Yes ☐ No Is MCS 90 endorsement needed? \_\_\_\_\_
41. ☐ Yes ☐ No Is our policy to cover all vehicles owned, operated or under lease to applicant?  
If no, explain \_\_\_\_\_
42. ☐ Yes ☐ No Do you enter Canada? If yes, where? \_\_\_\_\_
43. ☐ Yes ☐ No Do you enter Mexico? If yes, where? \_\_\_\_\_
44. ☐ Yes ☐ No Have you ever changed your operating name? If yes, explain \_\_\_\_\_
45. ☐ Yes ☐ No Do you operate under any other name? If yes, explain \_\_\_\_\_
46. ☐ Yes ☐ No Do you operate as a subsidiary of another company? If yes, explain \_\_\_\_\_
47. ☐ Yes ☐ No Do you own or manage any other transportation operations that are not covered?  
If yes, explain \_\_\_\_\_
48. ☐ Yes ☐ No Do you lease your authority? If yes, explain \_\_\_\_\_
49. ☐ Yes ☐ No Do you appoint agents or hire independent contractors to operate on your behalf?  
If yes, explain \_\_\_\_\_
50. ☐ Yes ☐ No Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers?  
If yes, attach a copy of the current agreement and complete the following:  
With whom has such agreement(s) been made? \_\_\_\_\_
51. ☐ Yes ☐ No Do the parties named above carry automobile liability insurance?  
If yes, name of insurance company and limits of liability \_\_\_\_\_  
Under whose permit does each of the parties to the agreement(s) operate? \_\_\_\_\_
52. ☐ Yes ☐ No Is there a Hold Harmless in the agreement? \_\_\_\_\_
53. ☐ Yes ☐ No Do you barter, hire or lease any vehicles? If yes, explain \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Drivers**

	Name	Date of Birth	License			Experience	
			State	Number	Type	Type of Unit	# of Years
*	1 Albert Wells	03/08/1958					
	2						
	3						
	4						
	5						
	6						
	7						
	8						

	Name	Accidents and Minor Moving Traffic Violations in Past 3 Years				Major convictions (DWI/DUI, hit & run, reckless, driving while suspended/revoked)	
		# of Accidents	Date(s)	# of Violations	Date(s)	Describe conviction	Date(s)
*	1 Albert Wells						
	2						
	3						
	4						
	5						
	6						
	7						
	8						

\* 35. ☐ Yes ☐ No Are drivers covered by workers compensation?

**Vehicles**

	Year, Make, Model VIN	Body Style (Taxi, Ambulance, Hearse, etc.)	Original Mfg Seating Capacity	Garaging Address	Radius	Annual Mileage	Length of Stretch (Limo)	Emergency Lights & Sirens (S), Wheelchair Equip. (W)
*	1 2001 LINCOLN TOWN CAR		5		100			
	2							
	3							
	4							
	5							
	6							

Veh. #	Physical Damage				Loss Payee (L) or Additional Insured-Lessor (A)
	Stated Amount**	Comp (C) Spec (S)	C/S Ded.	Collision Ded.	
1					
2					
3					
4					
5					
6					

\*\*Include the value of AV equipment permanently installed in the vehicle





# National Indemnity

group of insurance companies

Columbia Insurance Company  
National Fire & Marine Insurance Company  
National Liability & Fire Insurance Company

National Indemnity Company  
National Indemnity Company of the South  
National Indemnity Company of Mid-America

## Public & Special Types Application

Review the application for accuracy. \* denotes information that needs to be completed.

1. Policy Term 06/08/2012 - 06/08/2013
2. Named Insured Top Service Limo, LLC
- \* 3. DBA \_\_\_\_\_
4. Entity Type ☐ Individual ☐ Partnership ☒ Corporation ☐ Other \_\_\_\_\_
- \* 5. Business Phone Number 848-270-5160 Email Address \_\_\_\_\_
- \* 6. Mailing Address 3252 Estate Rd Website \_\_\_\_\_
- \* 7. City Monck Coluch State SC Zip 29461
- \* 8. Premises Address Same Above
- \* 9. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- \* 10. ☐ Yes ☒ No Have you ever had insurance with one of the companies listed above?

### Coverages

Liability \$500,000 Combined Single Limit  
Uninsured & Underinsured Motorist \$75,000 Combined Single Limit

Medical Payments Not Purchased

### Operations

- \* 11. Business Description \_\_\_\_\_
- \* 12. Vehicle Usage \_\_\_\_\_
- \* 13. ☐ Yes ☐ No New Venture? Years experience \_\_\_\_\_
- \* 14. ☐ Yes ☐ No Is this your primary business? If no, explain \_\_\_\_\_
15. ☒ Yes ☐ No Is your business for hire/for profit?
- \* 16. Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_
17. ☐ Yes ☒ No Do you operate in more than one state? If yes, list states \_\_\_\_\_
- \* 18. What is the largest city entered? \_\_\_\_\_
- \* 19. ☐ Yes ☐ No Is the transportation of people your primary business?
- \* 20. ☐ Yes ☐ No Are vehicles leased to drivers?
- \* 21. ☐ Yes ☐ No Do you transport physically disabled individuals? If yes, what percentage of the time? \_\_\_\_\_
- \* 22. ☐ Yes ☐ No Are vehicles equipped with a fare box or meter? If yes, which vehicles? \_\_\_\_\_
- \* 23. ☐ Yes ☐ No Do you have a scheduled route?
- \* 24. ☐ Yes ☐ No Do you ever transport unscheduled passengers?

### Ambulance and Medical Transportation

25. ☐ Yes ☐ No Do autos without lights and sirens have lifts, ramps or wheelchair tie downs? If yes, which autos? \_\_\_\_\_
26. ☐ Yes ☐ No Are any autos operated 24 hours per day? If yes, which autos? \_\_\_\_\_
27. ☐ Yes ☐ No Are you the primary response unit for emergency (911) calls?
28. What percent of your ambulance dispatches are Emergency (Code 3 or 4)? \_\_\_\_\_
29. What percent of your ambulance dispatches are Non-Emergency (Code 1 or 2)? \_\_\_\_\_

### Driver Training

30. ☐ Yes ☐ No Is operation part of a school curriculum?
31. ☐ Yes ☐ No Is class room instruction given?
32. ☐ Yes ☐ No Are autos equipped with dual controls? If no, which autos do not have dual controls? \_\_\_\_\_

### Loss Experience

- \* 33. ☐ Yes ☐ No Have you ever been declined, canceled or non-renewed for this kind of insurance?  
If yes, explain \_\_\_\_\_
- \* 34. ☐ Yes ☐ No Have you previously had commercial auto insurance?  
If yes, name of prior insurance company \_\_\_\_\_
- \* Number of accidents in the past 3 years \_\_\_\_\_
- \* Include loss runs or provide details of losses \_\_\_\_\_

## Account Summary For Top Service Limo, LLC



Quote #: 1325153

Status: Pending

Originally Quoted 5/08/2012 4:03 PM EDT  
 Quote Printed 5/11/2012 10:53 AM EDT  
 Proposed Effective 5/08/2012 12:00 AM EDT  
 Proposed Expiration 5/08/2013 12:00 AM EDT

<u>Symbol</u>	<u>Coverage</u>	<u>Limit (\$)</u>	<u>Premium (\$)</u>
7	Liability	500,000 CSL	4,325
7	UM - BIPD	75,000 CSL	536
7	UIM - BIPD	75,000 CSL	532
	Medical Payments	N/A	N/A
	Physical Damage	See Specific Unit	N/A
	Total Ins Value		
Total			<b>\$5,393.00</b>

Quoted By: Leigh Barrow

200 Wingo Way, Ste 200  
 Mt. Pleasant, SC 29464

lab@jjins.com

Producer:

Revision: 71SC2011R03

## Vehicle Information

NICO-Rate Version: 8.3.19.8

<u>Unit</u>	<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>At/Lessor</u>	<u>Unit Sub Total</u>
1 2001 LINCOLN TOWN CAR Radius: Up to 100 Miles	4,325	536	532	N/A	N/A	N/A	N/A	5,393

**Exhibit Fit, Willing, and Able (FWA)**

Albert Wells  
Name of Applicant

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1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.  
☒ Yes                      ☐ No
  
2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.  
☒ Yes                      ☐ No
  
3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.  
☒ Yes                      ☐ No
  
4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.  
☒ Yes                      ☐ No
  
5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.  
☒ Yes                      ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Albert Wells @ Qbr Top Service LLC  
Applicant's Signature

President  
Title of Applicant (e.g. President, Owner, etc.)

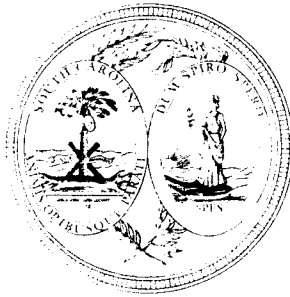
STATE OF SOUTH CAROLINA )  
COUNTY OF Charleston )

SWORN TO BEFORE ME  
This 14<sup>th</sup> day of June, 2012

Cathy M. Nimmo  
Notary Public

Commission Expires February 6, 2018

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

TOP SERVICE LIMO LLC. (LIMITED LIABILITY COMPANY), A Limited Liability Company duly organized under the laws of the State of South Carolina on May 14th, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
1st day of June, 2012.

  
Mark Hammond, Secretary of State